

10/665/46

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10665/46

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	*
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 16	Minus	** 20 =
Independent	* 4	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	375.00
OR	BASIC FEE
X\$ 9=	750.00
OR	X\$18=
X42=	X84=
+140=	84
OR	+280=
TOTAL	OR TOTAL

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

AMENDMENT B	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	X\$ 9=		X\$18=	
Independent	X42=		X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT C	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	X\$ 9=		X\$18=	
Independent	X42=		X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				